HealthForceOntario

2014-15 Annual Report

HealthForceOntario Marketing and Recruitment Agency

Strategy into Action

Ontario

HealthForceOntario Marketing and Recruitment Agency

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LETTER FROM THE CHAIR AND EXECUTIVE DIRECTOR

As exciting as it is to develop a strategic plan, it is equally rewarding to put the plan into action. In 2014-15, HealthForceOntario Marketing and Recruitment Agency (HFO MRA) began implementing its new three-to-five year Strategic Plan that aligns with the refreshed government health human resources (HHR) strategic direction and *Patients First: Action Plan for Health Care*.

This Annual Report's focus is: **strategy into action**, reviewing how the agency is implementing our three strategic directions:

- Delivering strategic health human resources solutions
- Building strategic partnerships
- Embracing process improvement.

In delivering health human resources solutions in 2014-15, we maximized the potential of internationally educated health professionals, enhanced our support for communities as they move towards strengthening self-sufficiency, and supported the distribution of health professionals to communities in need.

The performance results assess programmatic value and help the agency determine whether any changes are required.

We also highlight our partners in this report, showcasing our new strategic partnership with the Northern Ontario School of Medicine. And we explain the process improvements we made in 2014-15, as evidence of our commitment to continuous improvement and fiscal responsibility.

Discussion between the agency and the ministry continues regarding the potential transfer of programs. As an agency with established successes, we look forward to making an even greater contribution to HHR solutions in Ontario.

Finally, we want to recognize the contribution of our dedicated board members and staff. The board generously offers insight and expertise to help guide us. The staff is committed to the agency's success and work diligently on behalf of our clients and stakeholders.

We share the 2014-15 HFO MRA Annual Report with you as a record of what can be achieved when the agency turns strategy into action. This is how we *bring health human resources to life*.

Peter Wells, MD, CCFP, FCFP, FRRMS
Chair

Roz Smith, MHSc, CAE
Executive Director

AGENCY SNAPSHOT

HealthForceOntario Marketing and Recruitment Agency (HFO MRA/the agency) is the operating arm of the government's health human resources strategy and assists with the recruitment, retention, transition, and distribution of health professionals in Ontario.

In 2014-15, the agency began the implementation of its three-to-five year strategic plan, which was finalized in February 2014. Aligned with the government's refresh of its HHR strategic direction, the agency's strategic plan includes three directions:

1. **Delivering strategic health human resources solutions**
   Supporting recruitment, retention, and distribution of Ontario's health human resources
2. **Building strategic partnerships**
   Stronger together through purposeful and outcome-based partnerships
3. **Embracing ongoing process improvement**
   Doing what we do better, together.

VISION

Bringing health human resources to life.

MISSION

We inspire, develop, and drive health human resources solutions.

VALUES

HFO MRA has adopted values to guide us in the delivery of all agency programs and services:

Client Centredness

High-Quality Outcomes

Best Possible Return on Public Investment.

DELIVERING STRATEGIC HEALTH HUMAN RESOURCES SOLUTIONS

HFO MRA's programs and services interconnect to assist with recruitment, retention, transition, and distribution of health human resources (HHR) in Ontario. Three specific ways the agency delivered HHR solutions in 2014-15 include:

- Maximizing the potential of internationally educated health professionals
- Enhancing support for communities as they move towards strengthening self-sufficiency
- Supporting the distribution of health professionals to communities in need.

Maximizing the Potential of Internationally Educated Health Professionals

When internationally educated health professionals (IEHPs) – including international medical graduates (IMGs) – arrive in Ontario, they are generally keen to continue their careers. However their previous training does not always meet Ontario licensing requirements. Some IEHPs have indicated that they are confused about how to meet licensing requirements and frustrated by the length and complexity of the process. With a program to clarify the path to licensure and offer support during the process, the agency helps these health-care professionals maximize their potential and fulfill their passion. As there are a limited number of residency positions (advanced training after graduating from medical school), the agency also emphasizes opportunities in alternative health careers to broaden options for IMGs (e.g. Physician Assistants Program). When these individuals contribute to the health-care system, Ontarians benefit from their skills by having increased access to health care.

The agency provides information to help IEHPs make informed decisions about career options.

Internationally Educated Health Professionals Advisory Services

The Internationally Educated Health Professionals (IEHP) Advisory Services supports IEHPs approved to immigrate or living in Ontario to pursue a career in Ontario's health-care system, and enables Ontario to make the best use of their skills in meeting the province's health human resources needs. While nearly 65% of all IEHP clients are physicians, the agency provides a range of information and advisory services to clients from all regulated health professions in Ontario. Staff work with clients in group settings and on an individual basis using a case management approach to assess the client's professional background and current status, and develop an individualized action plan.

2014-15 Accomplishments

- Supported more than 710 IEHP clients who registered with their regulatory college or began an alternative career in the broader health system.

  Of the more than 710 IEHPs:

  - 275 IMG clients successfully entered a residency program in North America (55% of those in Ontario)
  - 245 internationally educated nurses (IENs) became registered with the College of Nurses of Ontario (CNO)
  - 21 other IEHPs registered with their regulatory college in Ontario
  - 32 other IEHPs became registered with their regulatory college in another province
  - 139 IEHP clients entered an alternative career or training program.

2014-15 Performance Results

Performance Measure	Target	Actual
The number of IEHPs who participate in an orientation webinar.	Increase by 10%	956 clients participated in an orientation webinar in 2014-15, a 20% increase from 794 in 2013-14
The number of new IEHP clients who register with the agency.	More than 3,100	3,641 new IEHP clients
The number of *active IEHP clients.	More than 2,000	3,686 active clients
The number of *active nurses and allied health professional clients.	Increase by 10%	Increased by 20% (increased by 275 to a total of 1,650 in 2014-15)
The number of IEHP clients who successfully become registered to practise.	Increase by 10%	Increased by 23% (increased by 573)

*Active defined as having participated in one or more group sessions or one-on-one client appointments in 2014-15.

Performance Measure	Target	Actual
The number of Ontario's international medical graduate residencies offered to clients.	More than 80	151 clients offered one of Ontario's IMG residencies
The number of IEHP clients who successfully enter into an alternative health career.	Increase by 10%	Increased by 67% (an increase of 139 to the previous cumulative total of 207) e.g. physician becoming a nurse or physician assistant, dentist becoming a dental hygienist, vocational rehabilitation program, clinical or surgical assistant, Master's or PhD programs
The percentage of IEHP clients who successfully become registered to practise or enter into an alternative health career who rate services provided by the Access Centre as satisfactory or higher.	More than 75%	91% rated their overall satisfaction with the services provided by the Access Centre as 3 or higher on a 5-point scale (92 of 101 survey responses)
The percentage of IEHPs and stakeholders who rate agency success in providing comprehensive path to practice information as satisfactory or higher	More than 75%	100% of stakeholders and 84% of IEHPs rated the quality/comprehensiveness of the path to practice information provided by the Access Centre as 3 or higher on a 5-point scale (85% overall, 432 of 510 survey responses)
The percentage of all IEHP clients who rate services provided by the Access Centre as satisfactory or higher.	More than 75%	87% rated their overall satisfaction with the services provided by the Access Centre as 3 or higher on a 5-point scale

"The Internationally Educated Health Professionals Advisory Services is a *tremendous* program. It provides IEHPs with the advice and support they need to be successful in pursuing a health-care career in Ontario. As IEHP clients overcome obstacles to licensure, their outlook changes from discouragement to optimism. And they are achieving their goals. The agency's IEHP clients are becoming doctors, nurses, physician assistants, medical researchers, and more. When you have a future, life changes!"

Carolyn Acker

HFO MRA board member and founder of Pathways to Education Canada

Success Story

International Medical Graduate from Kazakhstan Finds a New Path at a Disability Management Company in Toronto

Two weeks after arriving in Ontario in 2009, Elmira Ibragimova contacted HealthForceOntario Marketing and Recruitment Agency (HFO MRA). Ms. Ibragimova, an international medical graduate from Kazakhstan, wasn't certain of her employment prospects in Ontario. The agency connected her with an advisor who explained the licensing process and inquired if Ms. Ibragimova would be interested in an alternative health career. "I had worked at an insurance company in Kazakhstan as well as a hospital, so I was open to exploring different options," she explains. Ms. Ibragimova worked with her advisor to determine what path she wanted to take.

She initially enrolled in a BA program in psychology at York University in 2010, which she completed in 2013. She concurrently studied HR Management at Seneca College, and completed the certificate program in 2013.

When she graduated, Ms. Ibragimova's advisor assessed her suitability for an internship opportunity at a pain management clinic in Toronto, emailed her, and provided assistance with editing her resume and cover letter. Ms. Ibragimova secured the internship and turned it into a year-long contract, where she gained experience writing medical-legal reports. In 2013, Ms. Ibragimova's advisor also connected her with KMG Health Partners where she enrolled in a year-long disability management program. The program led Ms. Ibragimova to a full-time position as a Disability Case Manager at Acclaim Ability Management in Toronto. Now, Ms. Ibragimova conducts case assessments and creates return to work plans for employees. "I enjoy it; it's challenging work," she says.

Her advice to other international medical graduates? "Be open-minded and give yourself the chance to explore options. You can apply your medical knowledge outside of a clinical setting and you can prosper."

Enhancing Support for Communities as They Move Towards Strengthening Self-Sufficiency

Some Ontario communities, especially rural and Northern ones, experience a shortage of physicians in specialties such as family medicine, emergency medicine, and psychiatry. As a result, providing clinical care can be a challenge. The agency's community support programs help by administering locum coverage. The goal is to provide more than coverage; it is to help these communities improve their ability to attract and retain physicians. To this end, the agency has worked with communities to increase their recruitment-and-retention readiness. In the future, this expertise will become increasingly important. As eligible communities become more successful in recruiting physicians, their need for locums will change from vacancy coverage to increased coverage for physicians on leave.

By administering locum coverage for high-need specialties such as family medicine, emergency medicine, and psychiatry, the agency is supporting Ontario's *Patients First: Action Plan for Health Care* to provide Ontarians with better and faster access to quality health services.

Emergency Department Locum Program

The Emergency Department Locum Program (EDLP) assists hospitals avert closure of an emergency department due to physician unavailability. EDLP provides urgent locum coverage as an interim measure of last resort to designated hospitals facing significant challenges covering emergency department shifts. At any given time, approximately 20 hospitals – those that have been assessed as most in need of staffing assistance – access EDLP. Additionally, more than two-thirds of the hospitals in Ontario have received EDLP advice regarding emergency department staffing, recruitment and retention, and sharing of best practices.

General Practitioner Vacancy Locum Coverage Arrangements

The General Practitioner Vacancy Locum Coverage Arrangements (GPVLCA) provide vacancy locum coverage for high-need communities in Northern Ontario while they recruit additional family medicine physicians. Thirteen communities receive varying levels of vacancy support from the GPVLCA.

Northern Specialist Locum Programs

The Northern Specialist Locum Programs (NSLP) consist of two programs that support patient access to specialist services in Northern Ontario. Northern Ontario communities with eligible specialist physician vacancies access the Urgent Locum Tenens Program to provide temporary specialist locum coverage while they recruit a permanent physician. For Northern Ontario communities that have a small group of specialist physicians at full complement, the Respite Locum Tenens Program provides temporary specialist locum coverage for eligible specialties/communities while local physicians are on vacation, continuing medical education, or leave.

Rural Family Medicine Locum Program

The Rural Family Medicine Locum Program maintains primary care in eligible communities by providing temporary short-term replacement coverage for eligible rural family medicine physicians.

2014-15 Accomplishments

- Of the 23 highest-need ED sites in the province that received support from EDLP, six recruited and regained self-sufficiency.
- EDLP helped to avert 106 ED closures in Ontario and provided 18,000 hours of urgent physician coverage.
- EDLP delivered strategic consultation to 32 EDs regarding ED physician staffing, funding, recruitment, and retention.
- NSLP provided 12 Northern communities with 7,209 days of specialist locum coverage.
- GPVLCA provided 11 Northern communities with 2,305 days of family medicine vacancy coverage.
- RFMLP provided 83 communities with 7,348.5 days of family medicine respite coverage.

2014-15 Performance Results

Performance Measure	Target	Actual
The number of unplanned emergency department closures in Ontario due to lack of physician availability.	0	0
The number of specialists recruited to Northern Ontario communities accessing urgent vacancy locum coverage through NSLP.	At least five NSLP locum physician specialists	Five NSLP locum physician specialists recruited
The percentage of locum program participants who rate services provided by the locum programs as satisfactory or higher.	More than 75%	79% satisfaction (91 of 115 survey responses)
The percentage of LHINs, communities, and other health-care organizations who rate services provided by the Regional Advisors as satisfactory or higher.	More than 75%	82% satisfaction (98 of 120 survey responses)

"Attracting physicians to rural and Northern Ontario won't result from hyperbole. It results from communities enhancing what they offer physicians and their families – both professionally and personally – and then communicating these tangible benefits in their promotion efforts. HFO MRA provides an invaluable service to communities by working with them both to identify opportunities for enhancement and to develop stronger offerings. The end benefit is communities in a better position to attract physicians and attain self-sufficiency."

Linda J. Nagel

HFO MRA board member and President and CEO of Advertising Standards Canada

Success Story

EDLP Physicians and South Muskoka Memorial Hospital ED Staff Work as a Team and Exchange Ideas

"We love the EDLP physicians!" declares Nancy Andrews, RN and Clinical Team Lead of the emergency department at South Muskoka Memorial Hospital (SMMH) in Bracebridge.

The hospital, one of two Muskoka Algonquin Healthcare sites, accesses locum physicians year-round to support their emergency department staffing needs.

When the hospital brings in a locum physician, the ED staff want someone who can integrate into the existing system quickly and work well with colleagues. EDLP physicians meet both criteria. In addition to possessing a high level of clinical expertise, Ms. Andrews emphasizes the EDLP physicians are flexible about working within the ED's system, and collaborate with local hospital physicians and nurses. "We have a whiteboard where we write the physician on shift and no one worries when the physician coming in is from HFO MRA," she says.

Furthermore, when EDLP physicians help create a collegial environment in the ED, there are benefits beyond a positive coverage experience. The physicians exchange best practices and resources.

EDLP physicians share best practices from their home hospital and from other hospitals where they locum. As EDLP physicians locum in large trauma centres as well as small community hospitals, they can offer ideas appropriate to different situations. They also pass along helpful resources. One EDLP physician told the SMMH ED physicians about *A Skeptics Guide to Emergency Medicine* – podcasts by Dr. Ken Milne that provide patient-centred emergency medicine information. In return, SMMH ED physicians introduced EDLP locums to their order sets (diagnosis and treatment order forms that standardize the care patients receive) and several of the locum physicians brought the idea back to their hospitals.

When the EDLP and local physicians engage in knowledge exchange, patients across the province benefit.

Supporting the Distribution of Health Professionals

While there are many advantages to practising in a Northern or rural community in Ontario, some Ontarians need to travel well outside their geographic area to receive health care. Promoting practice opportunities in rural and Northern communities is part of the solution. The agency administers programs and tools such as HFOJobs that provide job-search support for health professionals. Regional Advisors make sure clients (Ontario-trained residents as well as practice-ready physicians outside of Ontario interested in relocating) are aware of opportunities in high-need communities across the province. The Physician Assistant Program supports the employment of graduates in priority clinical and geographic areas. Moving forward, the agency will continue to focus on recruiting health professionals to key communities in need to help support distribution in the province.

Helping key communities in need with recruiting physicians supports Ontario's *Patients First: Action Plan for Health Care* and its goal of providing patients with faster access to the right care.

Clerkship Travel Program

The Clerkship Travel Program covers select travel and accommodation expenses for eligible medical students (clerks) in the final two years of their program who are accepted for a clinical rotation. The program helps improve the distribution of physicians across Ontario by giving undergraduate medical students exposure to alternative practice settings.

HFOJobs

HFOJobs is a web-based job board connecting health-care organizations, communities, and employers who have opportunities for physicians, nurses, and allied health professionals with candidates. HFOJobs staff work with employer and community recruiters from across the province to assist them with their postings.

Nursing Graduate Guarantee Initiative

HFOJobs staff support the Nurses' Career Start Gateway for newly graduated nurses, as part of the Nursing Graduate Guarantee Initiative.

Physician Assistant Program

The Physician Assistant (PA) Career Start Program facilitates the transition of Ontario PA graduates into the health-care system, thereby helping address patient care needs. The program supports employment of graduates in priority clinical and geographic areas. In addition, the agency supports existing and prospective employers across the province in their ongoing PA recruitment and retention efforts.

Physician Recruitment Advisory Services

The Physician Recruitment Advisory Services assist practice-ready physicians from outside Ontario with relocation to communities in need in Ontario. The advisors also provide registration, certification, and immigration advice; co-ordination with key stakeholders (e.g. College of Physicians and Surgeons of Ontario, Royal College of Physicians and Surgeons of Canada); and practice information. They work with Canadians who are transitioning between medical school and residency in the US, many of whom return to Ontario to practise medicine in family medicine, emergency medicine, and psychiatry after residency.

Regional Advisors

Regional Advisors are located across the province and have three key functions:

- To assist hospitals, employers, and stakeholders with their community-based HHR initiatives. Advisors work one-on-one to connect health-care providers, organizations, and resources; to share best practices; and to assist communities with their physician recruitment and retention.
- To support residents, physicians, and their partners find suitable practice opportunities in Ontario through Practice Ontario, HFOJobs, and other means.
- To support their Local Health Integration Network(s) with health human resources planning and initiatives.

Practice Ontario

Practice Ontario is a service that helps Ontario post-graduate medical residents with their transition to practice across the province. Regional Advisors, in conjunction with all six medical schools, provide career counselling; assistance in identifying practice opportunities across the province; and information regarding resources, supports, and incentives to Ontario post-graduate medical residents. Practice Ontario supports the retention of residents who attend medical school in Ontario.

Succession Planning

The agency offers succession planning services to physicians in partnership with the Canadian Medical Association and Ontario Medical Association. The Regional Advisors meet with physicians who are considering retirement to discuss physician succession planning and transition out-of-practice. Organizations can also access the agency's online suite of educational resources, *Recruitment Essentials*, for information on succession planning.

Return of Service Program/Advisory Service

The ministry operates several Return of Service (ROS) programs in which physicians receive post-graduate training opportunities in exchange for a commitment to provide a period of full-time service in an eligible community in Ontario. The agency provides an advisory service to ROS participants, which includes: the provision of program information, outreach to new ROS physicians, and job-search support in collaboration with the Regional Advisors (RAs). The ROS team and RAs also play a key role in providing specialty job market information to the ministry in support of program policy and decisions.

2014-15 Accomplishments

- The agency funded 358 applications from clinical clerks, who received more than $345,000 in reimbursement for select travel and accommodation expenses for a clinical rotation.
- In February 2014, the agency launched a new and improved HFOJobs. 4,675 physician positions and 1,459 nurse positions were posted on HFOJobs.
- In September 2014, the agency expanded HFOJobs to include six allied health professions: chiropractor, occupational therapist, physician assistant, physiotherapist, physiotherapist assistant, and speech language pathologist. Since that time, employers/recruiters/communities posted 180 allied health positions on HFOJobs.
- The agency assisted 683 physicians with finding job opportunities in Ontario, of which 143 physicians were recruited from outside the province, and 540 were recent Ontario graduates who were assisted with their transition into practice.

  Of all job opportunities filled, 76% were in high-need communities or specialties (family medicine, emergency medicine, psychiatry).
- The agency continued to administer funding agreements with employers for 80 PAs.
- 40 PA graduates matched with 26 employers across 12 of 14 LHINs in a range of health-care settings, including primary care, emergency departments, and internal medicine.

2014-15 Performance Results

Performance Measure	Target	Actual
The number of physicians recruited to Ontario and the percentage of those who practise in family medicine, psychiatry, or emergency medicine and/or in high-need communities.	100 physicians from outside the province, 65% or more of whom practise in family medicine, psychiatry, emergency medicine, and/or in high-need communities	143 physicians recruited, 76% in family medicine, psychiatry, emergency medicine, and/or in high-need communities
The percentage of family medicine, psychiatry, or emergency medicine clients who have relocated to Ontario who rate services provided by the Access Centre as satisfactory or higher.	More than 75%	100% rated their overall satisfaction with the services provided by the Access Centre as 3 or higher on a 5-point scale
The percentage of Ontario PA graduates the agency assists in finding jobs in Ontario.	Facilitate the placement of a minimum of 90% of graduates	95% (40 of 42 placed)
The percentage of PAs and stakeholders participating in the PA Career Start Program who rate the services provided by the Access Centre as satisfactory or higher.	More than 75%	93% rated their overall satisfaction with the services provided by the Access Centre as 3 or higher on a 5-point scale
The number of physician and nurse vacancies posted on HFOJobs.	2,800 physician vacancies and 1,900 nurse vacancies posted on HFOJobs	4,694 physician vacancies and 1,459 nurse vacancies posted on HFOJobs
The percentage of Ontario-based medical resident clients the agency assists in finding jobs in high-need communities and/or who are in high-need specialties.	More than 60%	75% (404 of 540)
The percentage of clients who rate the recruitment services provided by the agency as satisfactory or higher.	More than 75%	75.4% of clients rate the agency recruitment services as satisfactory or higher
The percentage of stakeholders who rate services provided by the agency as satisfactory or higher.	More than 75%	82% of stakeholders rate the agency services as satisfactory or higher

Performance Results Notes: This year, HFOJobs saw a significant increase in the number of specialist positions posted. The number of positions posted on HFOJobs are subject to conditions such as job market availability for health professionals.

"The physician distribution issue is particularly marked in rural areas of Ontario. However, when a medical student or resident chooses to do a rotation in a rural practice setting, the exposure to the community increases the chances the learner will return and practise there. Promoting family medicine and specialist jobs in rural Ontario to residents also helps to make them aware of rewarding career opportunities outside of urban areas. Through job-search assistance, such as the assistance provided by the Regional Advisors at HFO MRA, we are able to enhance and enrich the health-care systems in rural communities."

Dr. Peter Wells

Chair of the HFO MRA Board, and founder of the Rural Ontario Medical Program

Success Story

West Parry Sound Health Centre Recruits a General Surgeon Who Locumed through the Northern Specialist Locum Programs

In February 2015, West Parry Sound Health Centre recruited Dr. Claudia Soto as a general surgeon. With Dr. Soto's recruitment, the hospital will have a full complement of three surgeons.

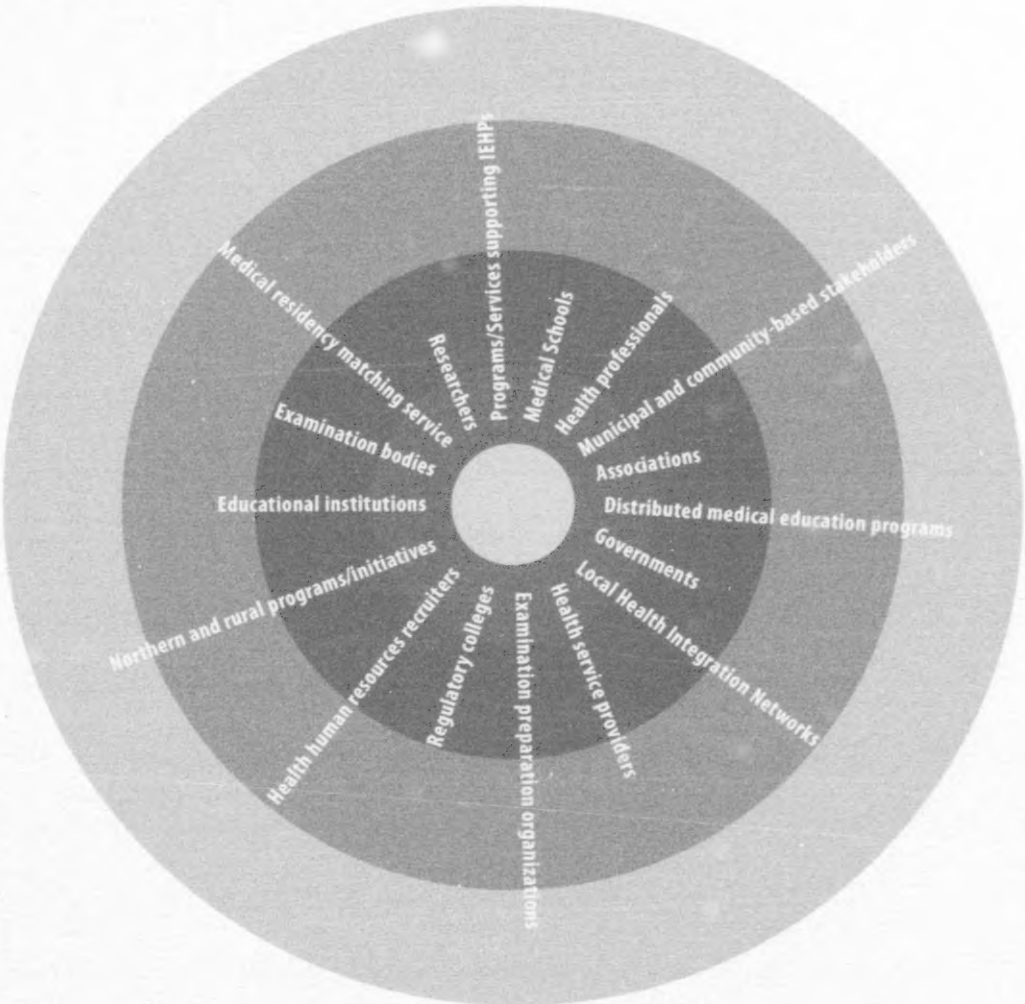
An HFO MRA Regional Advisor (RA) and the Northern Specialist Locum Programs (NSLP) helped bring together Dr. Soto and the hospital. Dr. Soto, who did her residency at the University of Ottawa and graduated in June 2014, was looking for a position in a return of service community. She contacted HFO MRA and the RA specialist for general surgery sent her locum and job opportunities across the province – one of which was a full-time surgery opportunity at West Parry Sound Health Centre. In December 2014, Dr. Soto did a locum for West Parry Sound Health Centre through NSLP, so the physician and hospital could assess the "fit" before agreeing to a full-time arrangement. Locuming through NSLP provides exposure to a new practice community for physicians looking for a full-time position.

Dr. Soto had a positive experience during her locum. She appreciated the well-established surgical practice and the opportunity to work on a complex case. Also, she had a chance to see what it would be like working with her colleagues. "We co-ordinated very well together," she explains. The hospital, in turn, valued Dr. Soto's contribution. "Dr. Soto's clinical expertise, her maturity, and calm competence were all welcome," says Donald Sanderson, CEO, West Parry Sound Health Centre.

When Dr. Soto starts her new position in May 2015, it will have a positive effect on the hospital and the community. "The recruitment will stabilize our [surgery] department," says Mr. Sanderson. The additional full-time surgeon will improve continuity of care for patients and increase the community's access to care, as the surgery department will be able to operate 24/7. And with a full complement of surgeons, the hospital will be less dependent on higher-cost locum support.

BUILDING STRATEGIC PARTNERSHIPS

Connecting services to deliver better co-ordinated care to patients is a priority of Ontario's *Patients First: Action Plan for Health Care*. To support this priority, HFO MRA works with partners to develop co-ordinated solutions to HHR issues. The agency is strengthening its partnerships by focusing on specific outcomes. In 2014-15, agency partners included:



The agency works with health-care partners to develop co-ordinated solutions to HHR issues.

Read about the agency's new strategic partnership with the Northern Ontario School of Medicine (NOSM) on the next page.

A Partnership to Benefit the North

In 2014-15, HealthForceOntario Marketing and Recruitment Agency (HFO MRA) and the Northern Ontario School of Medicine (NOSM) established a strategic partnership, committing to collaborating on health-care initiatives that will benefit communities in Northern Ontario.

HFO MRA and NOSM already work together. In 2014-15, agency Regional Advisors delivered Practice Ontario sessions to the school's medical residents as part of their first-year orientation, academic days, and Residents Retreat. Northern Regional Advisors also conducted one-on-one consultations with residents in training to provide transition-into-practice and job-search advice. NOSM promoted Practice Ontario in its resident newsletter.

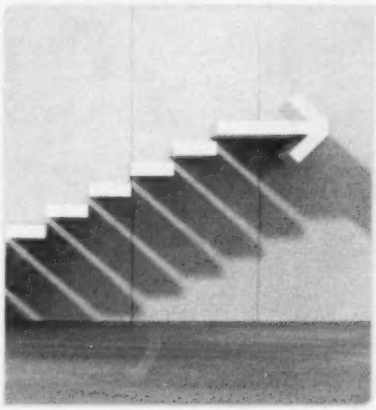
As the goals of HFO MRA and NOSM are closely aligned, establishing a more integrated partnership made sense. NOSM has a social accountability mandate, which means that all of the school's education, research, and service activities centre around improving the health of the people in Northern Ontario. The school collaborates with communities to address priority health concerns that are determined locally. Similarly, an HFO MRA priority in delivering health human resources (HHR) solutions is to assist with the recruitment of physicians to communities in need, with a key focus on Northern Ontario. "We are both engaged in meeting the needs of the same communities, so it makes sense to collaborate," says Dr. Roger Strasser, Dean, NOSM.

HFO MRA and NOSM will work together on initiatives to:

- Further promote physician recruitment to Northern communities
- Increase the supply of physician educators in Northern communities
- Support physician retention
- Quantify priority HHR needs in the North.

"We look forward to combining our resources and sharing our knowledge to make a difference for Northern communities. Our aim is to improve access to care and the health of people in Northern Ontario," says Dr. Strasser.

EMBRACING PROCESS IMPROVEMENT



The government is committed to "providing more transparency and accountability to Ontarians by providing health care in a way that maximizes both quality and value." HFO MRA supports this commitment through embracing process improvement. In 2014-15, the following process improvements resulted in increased value for money, strengthened accountability, and improved communications.

Value for Money

- The agency has leveraged technology to provide services to clients outside the Greater Toronto area more efficiently and cost effectively. In 2014-15, the agency delivered more sessions to clients through webinars, including "IEHP Orientation to Licensing" and interview skills development. The agency also made increased use of social media to communicate with clients and stakeholders, posting information about agency services.
- In 2014-15, Regional Advisors (RAs) hosted two "Recruiter Forums," bringing together recruiters and hospital HR generalists and providing educational sessions on topics such as "Social Media and Recruitment," and "Succession Planning." Recruiters had the opportunity to network, speak to their challenges, and share best practices. Forum participants identified the sharing of medical health human resources across communities in close proximity (and working as a region) as an effective recruitment strategy to address reduced recruitment budgets. The RAs are pleased to initiate and support these types of client-centred initiatives.
- The IT department made ongoing enhancements to the agency network infrastructure, focusing on network growth and the ability to respond to future needs of the agency. IT augmented the security and reliability of the agency's information backup system. IT also developed and improved software systems to enhance the internal operations and external delivery of programs and services.
- HFO MRA began the development of staff job descriptions to permit benchmarking to other public service organizations. Additionally, this will support a review to ensure compliance with the Ontario *Pay Equity Act*.
- Finally, HFO MRA is implementing the recommendations the Office of the Auditor General of Ontario (OAGO) made in its December 2013 value for money audit. The agency anticipates the return of the OAGO in 2015 to evaluate its progress.

Accountability

- HFO MRA enhanced the structure of meetings with the Health Human Resources Strategy Division (HHRSD) of the ministry to better facilitate information exchange and reporting. With more effective communication, the agency has been able to increase alignment of agency activities with government priorities.
- The agency introduced a formal board evaluation in 2014-15 to strengthen accountability. HFO MRA established criteria to assess board effectiveness, and it undertakes a review annually. Additionally, self-reflective assessment occurs at the end of each meeting.
- The board has established a succession planning process to facilitate orderly transition of board members and to maintain the mix of needed skill sets. The board provides advice to the Lieutenant Governor in Council regarding the appointment of new board members.

Communications

- To enhance agency-wide communications, the Executive Director initiated a monthly Communiqué to keep staff informed of current agency activities and accomplishments, as well as upcoming initiatives.
- The agency developed information sheets for the ministry that reported programmatic highlights, service streams, and successes. Information was often conveyed in easy-to-read infographic format.
- Regarding external communications, Regional Advisors act as subject matter experts for the assigned specialist physician job market.

HFO MRA is helping to protect the sustainability of the health-care system through continuous process improvements that deliver increased value for money.

RISK AND MITIGATION STRATEGIES

HFO MRA identified medium and low-level risks during 2014-15 and developed mitigation strategies to address these risks. The agency was fortunate that its mitigation strategies were successful and resulted in a positive outcome. Two examples include:

- The provision of a minimum of 200 residency positions a year for the agency client base was traditionally used to cover international medical graduates (IMGs) who were born outside of Canada and educated in medical school abroad. Increasingly, Canadians who attend a foreign medical school are securing those residency positions. While providing the same service to both groups, the agency mitigates this risk by devoting increased effort and focus to alternative careers programming for IMGs. In 2014-15, this effort resulted in 139 IEHP clients successfully entering into an alternative health career or training program.
- The practice choices available to graduating medical residents are influenced by a variety of factors, such as the retirement rate of existing Ontario physicians, compensation potential and changes in community demand for health services. Some medical residents are experiencing a lack of opportunities. While a longer-term solution involves working with medical schools, the ministry and others to forecast need and adjust incentives to support high-need specialties, in 2014-15, the agency provided information about the physician job market and job-search support to residents. As a result, in 2014-15 the agency assisted 540 residents in finding job opportunities in Ontario.

GOVERNANCE

Board Responsibilities

The Board is accountable to the Minister, through the Chair, for the oversight and governance of the agency, for setting goals, objectives, and strategic direction for the agency within its mandate; and for carrying out the roles and responsibilities assigned to it by the *Development Corporations Act*, RSO 1990, c D.10; Ontario Regulation 249/07; and the Memorandum of Understanding, which was updated in 2014-15.

Board Development

Both agency and government staff provide new board members with an orientation. In addition, the agency delivers regular updates to board members on a range of its programs, key issues, and government directions.

Board Membership and Structure

Ontario Regulation 249/07 stipulates the board shall be a maximum of nine members, one of whom is appointed Chair. For the 2014-15 year, the HFO MRA board comprised between seven and eight directors from across Ontario, with a wealth of experience and expertise related to governance, financial management, academics, clinical practice, and other areas. The board's diversity and range of experience enables the agency to be responsive to the needs and challenges of its clients. Further, the annually updated board succession plan facilitates continuity and knowledge of agency issues balanced with the injection of new perspectives. This is important as the agency grows in scope and reach, and responds to emerging challenges.

Board members are appointed by the Lieutenant Governor in Council. The board meets regularly from September through June. There is one committee of the board – Finance and Audit – that reviews financial statements and reports to the board on a regular basis.

Conflict of Interest Policy and Codes of Ethics/Conduct

The agency has a Conflict of Interest policy and codes of ethics/conduct, which is compliant with the *Public Service of Ontario Act*, 2006.

GOVERNMENT DIRECTIVES

The agency complies with directives and policies issued by the government and other government authoritative bodies relevant to the agency. This is a requirement of the Memorandum of Understanding between the province and the agency.

Two directives and initiatives of note the agency complied with in 2014-15 were related to record keeping and Open Government.

The total per diem in 2014-15 for all board members was $15,725.

BOARD MEMBER BIOGRAPHIES

Dr. Peter Wells, Chair

Dr. Wells is the Founder and Executive Director of the Rural Ontario Medical Program, as well as a Collingwood-based family medicine physician. In 2012, the College of Family Physicians of Canada named Dr. Wells Ontario's Family Physician of the Year.

Appointed: June 2007 to June 2012
Appointed as Vice-Chair: June 2011
Reappointed: July 2012
Appointed as Chair: July 2012
Reappointed: July 2015
Term Expires: July 2018

Ms. Carolyn Acker

Ms. Acker began her career as a practising Registered Nurse. She served as Executive Director of the Regent Park Community Health Centre and is Founder of Pathways to Education Canada. In 2012, Ms. Acker received the Order of Canada for her contributions to increasing access to education for thousands of disadvantaged students across Canada.

Appointed: October 2008 to October 2011
Reappointed: November 2011
Reappointed: November 2014
Term Expires: November 2016

Dr. Robert Howard

Dr. Howard is President and Chief Executive Officer of St. Michael's Hospital in Toronto. He joined the hospital as a staff Cardiologist in 1982 and has since held various leadership positions including Chief Medical Officer and Executive Vice-President, Programs and Education.

Appointed: October 2008 to October 2011
Reappointed: November 2011
Reappointed: November 2014
Term Expires: November 2016

Dr. John G. Kelton

Dr. Kelton is Dean of the Faculty of Health Sciences and Vice-President of McMaster University. He has an active clinical practice and conducts research, with a particular focus on bleeding disorders of pregnant women and heparin-induced thrombocytopenia. In 2014, Dr. Kelton received the Order of Canada for his research into blood cell disorders and for his contributions to making Hamilton a hub for health-science research.

Appointed: October 2008 to October 2011
Reappointed: November 2011
Reappointed: November 2014
Term Expires: November 2016

Mr. Arthur J.M. Lamarche

Mr. Lamarche is an Executive Management/Financial Consultant and a Fellow of the Institute of Canadian Bankers. Currently retired from the federal government, he has held many executive positions in the House of Commons, Veterans Review and Appeal Board of Canada, and Member/Chair Federal Judicial Appointment Committee.

Appointed: January 2014
Term Expires: January 2017

Mr. Arun K. Mathur

Mr. Mathur, CPA, CA, is the partner in charge of the Toronto-area office of GeraldDuthie & Co. LLP Chartered Professional Accountants. He helps business owners facing growth and financial challenges, and advises clients on business acquisitions and complex business problems. He is Executive Director of UltimQuest Knowledge Inc., which provides training on improving governance and financial management.

Appointed: May 2011
Reappointed: May 2014
Term Expires: May 2017

Ms. Linda Nagel

Ms. Nagel is President and Chief Executive Officer of Advertising Standards Canada. Previously, she held senior positions in US and Canadian trade and health-care organizations. Ms. Nagel is the current Chair of the International Council on Advertising Self-Regulation.

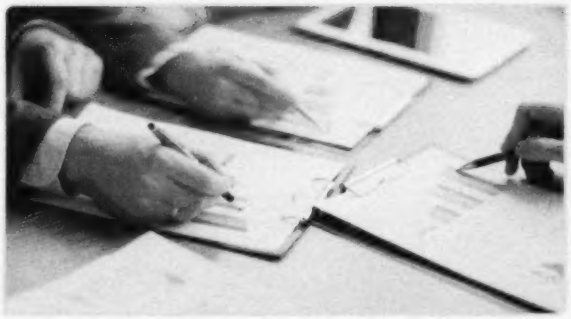
Appointed: January 2014
Term Expires: January 2017

Dr. Marilyn Thompson

Dr. Marilyn Thompson is Associate Provost, Human Resources at the University of Waterloo. She has executive and senior leadership experience in health care, government, education, and various business and voluntary sectors. She has received the Queen's Jubilee Medal.

Appointed: October 2014
Term Expires: October 2017

ANALYSIS OF FINANCIAL POSITION 2014-2015



- The audited financial statements, included in this Annual Report, confirm expenditures were within budget.
- The external auditors, KPMG, issued an unqualified opinion stating the financial statements present fairly, in all material respects, the financial position of HFO MRA as at March 31, 2015, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.
- Unspent funds are presented on the Statement of Operations and Repatriation of Contributions as an expense item, as required by Generally Accepted Accounting Principles. Unspent funds are calculated by reconciliation between the ministry and the agency. On a regular basis, the ministry receives unspent funds to ensure they are returned in an appropriate timeframe. Further information is provided in the Notes to the Financial Statements (Note 4).
- Ontario Physician Locum Program physician payments continue to be paid directly to the recipient physicians by the ministry. The physician payments made by the ministry are recorded in the Notes to the Financial Statements (Note 3).
- The agency continued to provide facility and information technology support to Transitional Councils for two health regulatory colleges on a no-cost basis. Actual costs are reflected in the agency's Statement of Operations and Repatriations of Contributions.
- As required by the ministry, the agency achieved annualized administrative efficiencies of 2.5% on base funds. This was in addition to in-year reductions on one-time funding of $500,000, equivalent to 5.03% of base funds to which the related expenditures were allocated. These reductions of expenditures were accomplished through the reallocation of priorities while maintaining service levels.

FINANCIAL STATEMENTS

Financial Statements of

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Year ended March 31, 2015

KPMG LLP
Yonge Corporate Centre
4100 Yonge Street Suite 200
Toronto ON M2P 2H3
Canada

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Fax (416) 228-7123
Internet www.kpmg.ca

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of HealthForceOntario Marketing
and Recruitment Agency

We have audited the accompanying financial statements of HealthForceOntario Marketing and Recruitment Agency, which comprise the statement of financial position as at March 31, 2015, the statements of operations and repatriation of contributions, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of HealthForceOntario Marketing and Recruitment Agency as at March 31, 2015, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

June 24, 2015
Toronto, Canada

KPMG LLP is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.
KPMG Canada provides services to KPMG LLP.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Statement of Financial Position

March 31, 2015, with comparative information for 2014

	2015	2014
Assets		
Current assets:		
Cash	$ 1,066,711	$ 3,373,186
Prepaid expenses	180,843	152,732
	1,247,554	3,525,918
Capital assets (note 2)	70,686	132,919
	$ 1,318,240	$ 3,658,837
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 4)	$ 1,581,591	$ 3,859,955
Net assets:		
Unrestricted deficiency	(334,037)	(334,037)
Invested in capital assets	70,686	132,919
	(263,351)	(201,118)
Commitments and contingencies (note 6)		
Economic dependence (note 7)		
	$ 1,318,240	$ 3,658,837

See accompanying notes to financial statements.

On behalf of the Board:

Director

Director

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Statement of Operations and Repatriation of Contributions

Year ended March 31, 2015, with comparative information for 2014

	2015	2014
Revenue:		
Ministry of Health and Long-Term Care - Component	$ 10,747,100	$ 10,784,048
Clerkship Travel Program One-time	–	400,000
Ministry of Health and Long-Term Care Physician Assistant Grant Program	5,708,700	6,831,400
	16,455,800	18,015,448
Expenses:		
Salaries and benefits	7,985,291	7,938,708
Base:		
Corporate Affairs	1,789,655	1,665,016
Clerkship Travel Program	345,207	301,092
Regional Advisor Program	149,914	163,620
Access Centre	102,265	104,737
Amortization	62,233	80,745
Ontario Physician Locum Programs (note 3)	36,566	70,668
Nursing Graduate Guarantee	29,437	74,162
Board of Directors	11,195	62,230
Website	3,232	4,712
HFOJobs	32	6,677
Recruitment and Retention Outreach	–	46,415
One-time:		
Physician Assistant Grant Program	5,384,991	6,119,779
Health Professionals Recruitment Tour	46,231	120,226
Other	–	69
Clerkship Travel Program	–	70,804
	15,946,249	16,829,660
Excess of revenue over expenses before repatriation of contributions	509,551	1,185,788
Ministry of Health and Long-Term Care repatriation of contributions (note 4)	(571,784)	(3,166,392)
Deficiency of revenue over expenses after repatriation of contributions	$ (62,233)	$ (1,980,604)

See accompanying notes to financial statements.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Statement of Changes in Net Assets

Year ended March 31, 2015, with comparative information for 2014

	Invested in capital assets	Unrestricted	2015 Total	2014 Total
Balance, beginning of year	$ 132,919	$ (334,037)	$ (201,118)	$ 1,779,486
Excess (deficiency) of revenue over expenses before repatriation of contributions	(62,233)	571,784	509,551	1,185,788
Ministry of Health and Long-Term Care repatriation of contributions (note 4)	–	(571,784)	(571,784)	(3,166,392)
Balance, end of year	$ 70,686	$ (334,037)	$ (263,351)	$ (201,118)

See accompanying notes to financial statements.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Statement of Cash Flows

Year ended March 31, 2015, with comparative information for 2014

	2015	2014
Cash provided by (used in):		
Operating activities:		
Deficiency of revenue over expenses after repatriation of contributions	$ (62,233)	$ (1,980,604)
Amortization of capital assets which does not involve cash	62,233	80,745
Change in non-cash operating working capital:		
Prepaid expenses	(28,111)	65,015
Accounts payable and accrued liabilities	(2,278,364)	2,760,280
	(2,306,475)	925,436
Investing activities:		
Acquisition of capital assets	–	(75,148)
Increase (decrease) in cash	(2,306,475)	850,288
Cash, beginning of year	3,373,186	2,522,898
Cash, end of year	$ 1,066,711	$ 3,373,186

See accompanying notes to financial statements.

HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements

Year ended March 31, 2015

HealthForceOntario Marketing and Recruitment Agency (the "Agency") is an operational service agency of the Ministry of Health and Long-Term Care (the "Ministry"). The Agency was incorporated without share capital under the Development Corporations Act, Regulation 249/07, as at June 6, 2007. As part of the Regulation, the Agency is only allowed to receive money or assets from The Crown in Right of Ontario.

The creation of the Agency arose out of the government's health human resource strategy. The Agency is dedicated to making Ontario the "employer of choice" in health care, and to ensure Ontarians have access to the right number and mix of qualified health care providers, when and where they are needed, now and in the future. The Agency's programs and services can be grouped in two categories:

1. Retention and distribution of Ontario's health professionals;

2. Recruitment of and outreach to:

   (a) Internationally educated health professionals living in Ontario;

   (b) Ontario's recruitment community; and

   (c) Practice-ready physicians in high-need specialties outside of Ontario.

Consistent with the 2012/2013 Transfer Payment Agreement ("TPA"), Schedule A, the Memorandum of Understanding, and the Development Corporations Act, the Agency executes programs and services as follows:

- Outreach to physicians from outside Ontario;
- Internationally Educated Health Professionals Advisory Services;
- Ontario physician retention/Practice Ontario/Return of Service;
- HealthForceOntario.ca and HFOJobs.ca;
- Regional Advisors;
- Emergency Department Coverage Demonstration Project;

- Rural Family Medicine Locum Program;
- Northern Specialist Locum Programs;
- General Practitioner Vacancy Locum Coverage Arrangements;
- Corporate Affairs;
- Physician Assistant Grants;
- Clerkship Travel Program;
- Health Professionals Recruitment Tour ("HPRT");
- Facilities Services to a maximum of three Transitional Councils for regulatory health professional colleges; and
- Client support for the Nursing Graduate Guarantee Initiative ("NGG").

1. **Significant accounting policies:**

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards, including the 4200 standards for government not-for-profit organizations.

(a) Revenue recognition:

The Agency is funded through two TPAs with the Ministry. The principal TPA provides funding for the majority of the Agency's expenses, including salaries and benefits, base and one-time funding. A secondary TPA provides funding for the Physician Assistant Grant Program (note 3) which the Agency administers on behalf of the Ministry.

The Agency follows the deferral method of accounting for contributions which include government grants.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

The Agency does not receive externally restricted contributions as all funding must be received from the Ministry.

(b) Expenses:

The Agency divides its expenditures into two categories: Base and One-time. Base expenses include funds expended by the Agency to provide ongoing programs and services to clients and stakeholders, and corporate services to the Agency. One-time expenses relate to programs and services to clients and stakeholders which may be limited to the current fiscal year.

(c) Allocation of expenses:

The Agency records a number of its expenses by program. The cost of each program includes the personnel, premises and other expenses that are directly related to providing the program.

Administration and corporate governance are not allocated.

1. Significant accounting policies (continued):

(d) Capital assets:

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Assets acquired under capital leases are amortized over the estimated lives of the assets or over the lease term, as appropriate. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Agency's ability to provide services, its carrying amount is written down to its residual value.

Works of art, historical treasures and intangible assets are not recognized in these financial statements.

Capital assets are amortized on a straight-line basis using the following annual rates:

Furniture and fixtures	20%
Computer hardware	33%
Computer software	33% - 100%
Leasehold improvements	Lease term

(e) Employee future benefits:

The costs of multi-employer defined contribution pension plan benefits, such as the Public Service Pension Plan ("PSPP"), are the employer's contributions due to the plan in the period.

(f) Use of estimates:

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Significant items subject to such estimates and assumptions include the carrying amount of capital assets and obligations related to employee future benefits. Actual results could differ from those estimates.

2. Capital assets:

	Cost	Accumulated amortization	2015 Net book value	2014 Net book value
Furniture and fixtures	$ 191,642	$ 168,377	$ 23,265	$ 34,476
Computer hardware	353,501	332,863	20,638	62,734
Computer software	222,226	222,226	–	–
Leasehold improvements	261,675	234,892	26,783	35,709
	$ 1,029,044	$ 958,358	$ 70,686	$ 132,919

The Agency has full use and enjoyment of assets paid for by the Government of Ontario; as such, the historical cost of these assets is not recorded in the Agency's books. Assets paid for by the Government of Ontario include leasehold improvements, computer hardware and furniture and fixtures.

3. Ontario Physician Locum Programs ("OPLP"):

The OPLP provides centralized and coordinated locum physician assistance for hospitals, communities and physicians across the Province of Ontario. The Ministry makes the payments directly to the physicians for the locum services provided. The Agency administers the programs and records as expenses the general operating costs and salaries and benefits.

During the year, OPLP physician payments made by the Ministry were $21,787,988 (2014 - $22,023,453). The OPLP physician payments issued by the Ministry directly to physicians are not presented on the statement of operations. Funds flowing through the Agency are for the purpose of OPLP administration only. No funds flow to the Agency for physician payments.

4. Ministry of Health and Long-Term Care repatriation of contributions:

The Agency returns to the Ministry surplus amounts based on a reconciliation process with the Ministry. The amounts noted as estimated are management's best estimates; actual results could differ from those estimates. As at March 31, 2015, the Agency has accrued $571,874 (2014 - $2,814,377) as a payable to the Ministry for fiscal year 2014-2015.

5. Employee future benefits:

The Agency makes contributions to the PSPP, which is a multi-employer plan, on behalf of certain members of its staff. The plan is a defined benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

Contributions for employees with a normal retirement age of 65 were being made at a rate of 6.4% for earnings up to the yearly maximum pensionable earnings of $53,600 (2014 - $52,500) and at a rate of 9.5% for earnings greater than the yearly maximum pensionable earnings. The amount contributed to PSPP for 2015 was $472,571 (2014 - $476,341) for current service and is included as an expense on the statement of operations. Employees' contribution via payroll deductions to PSPP in 2015 was $484,065 (2014 - $468,282).

6. Commitments and contingencies:

(a) The Agency entered into an operating lease in fiscal 2014 for the premise which expires in 2018. Approximate future minimum lease payments are as follows:

2016	$ 483,800
2017	483,800
2018	161,200
	$ 1,128,800

(b) Indemnity insurance has been provided to all directors and officers of the Agency for various items including, but not limited to, all costs to settle suits or actions due to association with the Agency, subject to certain restrictions. The Agency has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits or actions. The term of indemnification is not explicitly defined, but is limited to the period over which the indemnified party served as a director or officer of the Agency. The maximum amount of any potential future payment cannot be reasonably estimated.

The nature of these indemnification agreements prevents the Agency from making a reasonable estimate of the maximum exposure due to the difficulties in assessing the amount of liability which stems from the unpredictability of future events and the unlimited coverage offered to counterparties.

7. Economic dependence:

The Agency is economically dependent upon the continued financial support of the Ministry.

8. HealthForceOntario Marketing and Recruitment Agency:

	Salaries and benefits	General operations	Actual	Budget
Revenue:				
Component			$ 10,747,100	$ 12,322,100
PA Funding			5,708,700	7,408,700
Total			$ 16,455,800	$ 19,730,800
Expenses:				
Base components:				
Board of Directors:				
Salaries and benefits	16,434	–	$ 16,434	$ 19,152
General operating	–	11,195	11,195	5,620
Total			27,629	24,772
Corporate Affairs:				
Salaries and benefits	2,499,462	–	2,499,462	2,369,209
General operating	–	1,851,889	1,851,889	2,002,507
Total			4,351,351	4,371,716
Clerkship Travel Program:				
General operating	–	345,207	345,207	2,269,000
Total			345,207	2,269,000
Access Centre:				
Salaries and benefits	2,093,664	–	2,093,664	2,155,559
General operating	–	102,265	102,265	136,900
Total			2,195,929	2,292,459
Website:				
General operating	–	3,232	3,232	5,633
Total			3,232	5,633
HFOJobs:				
Salaries and benefits	121,347	–	121,347	121,090
General and operating	–	32	32	8,520
Total			121,379	129,610
Regional Advisor Program:				
Salaries and benefits	1,182,510	–	1,182,510	1,241,793
General operating	–	149,914	149,914	116,000
Total			1,332,424	1,357,793
OPLP:				
Salaries and benefits	1,635,683	–	1,635,683	1,639,882
General operating	–	36,566	36,566	29,450
Total			1,672,249	1,669,332
NGG:				
Salaries and benefits	200,612	–	$ 200,612	$ 199,996
General operating	–	29,437	29,437	80,004
Total			230,049	280,000
Base component total			$ 10,279,449	$ 12,400,315

8. HealthForceOntario Marketing and Recruitment Agency (continued):

	Salaries and benefits	General operations	Actual	Budget
HPRT:				
Salaries and benefits	34,635	–	34,635	35,000
General operating	–	46,231	46,231	46,000
Total			80,866	81,000
Physician Assistant:				
Salaries and benefits	200,944	–	200,944	205,000
General operating	–	5,384,990	5,384,990	7,203,700
Total			5,585,934	7,408,700
One-time component total			$ 5,666,800	$ 7,489,700
Total expenses			**$ 15,946,249**	**$ 19,890,015**
Surplus (deficit)			**$ 509,551**	**$ (159,215)**

Find out more about HealthForceOntario
Marketing and Recruitment Agency:

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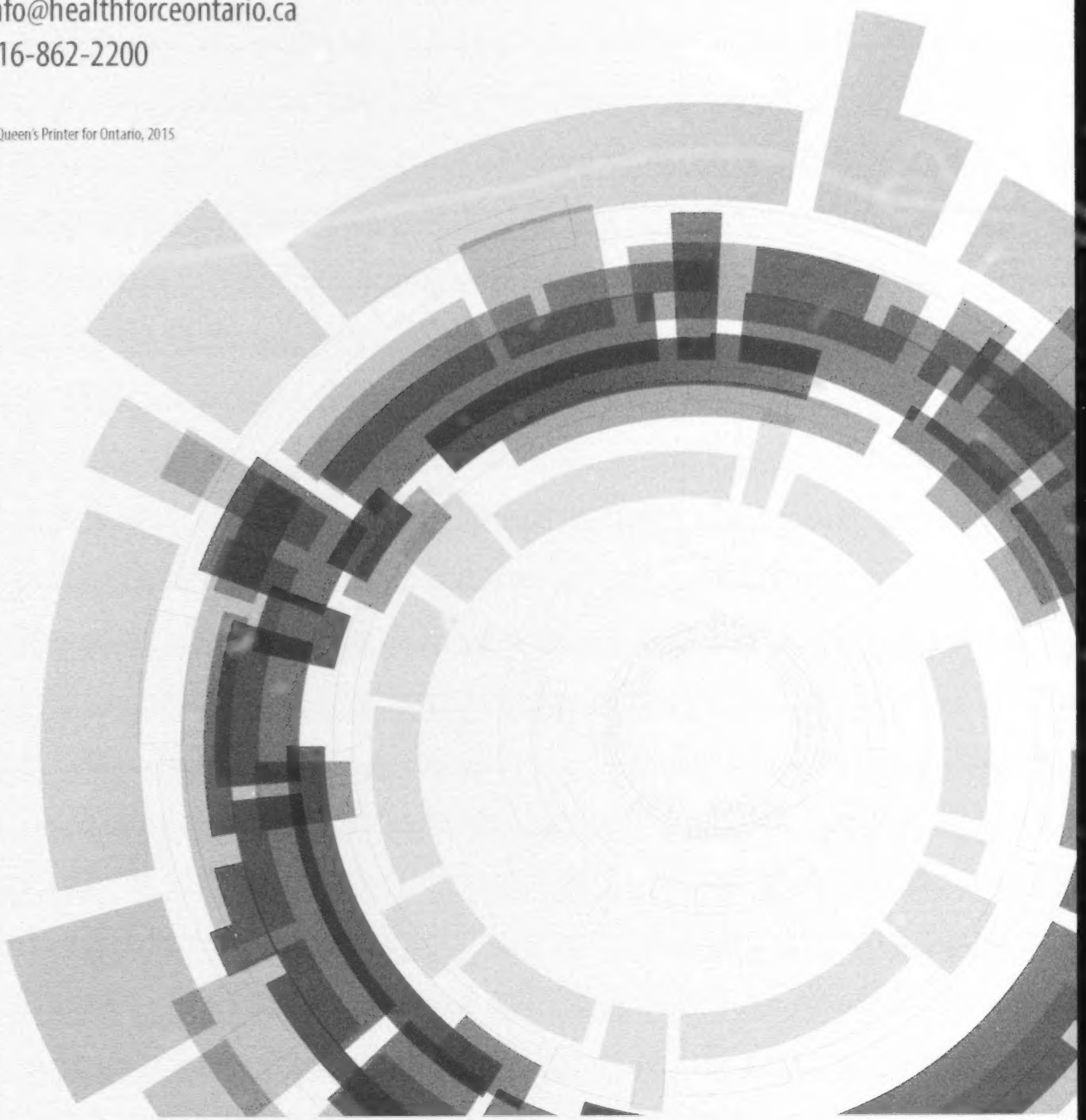

Available in accessible format upon request: www.HealthForceOntario.ca/acs